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FROM: Carol M. Gruppi

DATE: January 5, 2005

Number of pages with cover page:	13	Originals Will Not Follow
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Comments:

Attorney Docket No.: 514942000110
Group Art Unit: 1641
Examiner: G. Counts
Application No.: 10/726,224
Filing Date: December 1, 2003
Inventor: Alex M. SAUNDERS
Title: LIGAND BASED SOLUTION ASSAY FOR LOW CONCENTRATION ANALYTES

Papers enclosed:

1. Transmittal (1 page)
2. Fee Transmittal (SB/17) plus duplicate for fee processing (2 pages)
3. Amendment (9 pages)

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pa-946711

PTO/SB/21 (09-04)

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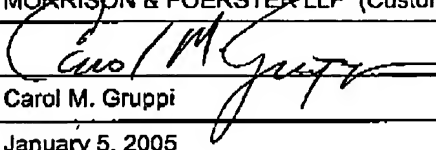
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/726,224	
	Filing Date	December 1, 2003	
	First Named Inventor	Alex M. SAUNDERS	
	Art Unit	1641	
	Examiner Name	G. Counts	
Total Number of Pages in This Submission	12	Attorney Docket Number	514942000110

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form plus duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (9 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Carol M. Gruppi		
Date	January 5, 2005	Reg. No.	37,341

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile, facsimile no. (703) 872-8308, on the date shown below.

Dated: January 5, 2005

Signature: Sandy Yi (Sandy Yi)

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PTO/SB/17 (12-04)

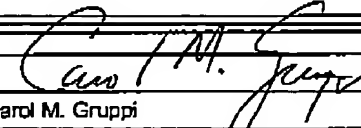
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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/726,224 Filing Date December 1, 2003 First Named Inventor Alex M. SAUNDERS Examiner Name G. Counts Art Unit 1641 Attorney Docket No. 514942000110	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No. 514942000110	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
36		- 20 = 16	x 25.00 =	400.00	Fee (\$)		Fee Paid (\$)
					180.00		0.00
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
1		- 3 = 0	x 100.00 =	0.00			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		
		- 100 =	/50	(round up to a whole number) x 125.00 =	0.00		
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							0.00
Other:							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	37,341
Name (Print/Type)	Carol M. Gruppi	Telephone	(650) 813-5777
		Date	January 5, 2005

pa-946720

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). FEE TRANSMITTAL For FY 2005		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/726,224
		Filing Date	December 1, 2003
		First Named Inventor	Alex M. SAUNDERS
		Examiner Name	G. Counts
		Art Unit	1641
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	514942000110

METHOD OF PAYMENT (check all that apply)

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 ☐ Credit Card
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 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 03-1952
 Deposit Account Name: Morrison & Foerster LLP

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☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>
36	- 20 = 16	x 25.00 =	400.00	
				<u>Fee (\$)</u>
				180.00
				<u>Fee Paid (\$)</u>
				0.00

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
1	- 3 = 0	x 100.00 =	0.00

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

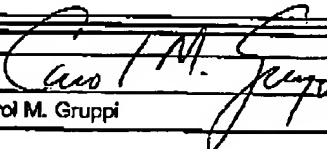
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 = _____	/ 50 _____ (round up to a whole number) x	125.00	0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,341	Telephone	(650) 813-5777
Name (Print/Type)	Carol M. Gruppi	Date	January 5, 2005		

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Dated: January 5, 2005

Signature: *Sandy Yi*

(Sandy Yi)

Docket No.: 514942000110
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Alex M. SAUNDERS

Application No.: 10/726,224

Art Unit: 1641

Filed: December 1, 2003

Examiner: G. Counts

For: LIGAND BASED SOLUTION ASSAY FOR
LOW CONCENTRATION ANALYTESAMENDMENTCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

pa-946079